



## Instructions

### **Departmental Representative:**

Please complete this form, then print the document.

**You MUST PRINT the form on your Department's Letterhead.**

### **Student:**

You MUST submit this on department letterhead.

## On-Campus Employment Verification for Social Security Application

(Please click in the gray text box to enter/type data.)

To Whom It May Concern:

### This is evidence of on-campus employment for:

Last Name:  First Name:  Middle Name:

Address:

City:  State:  Zip Code:

Date of Birth:  (ex. *mm/dd/yyyy*) FSU Department:

Nature of Student's job (e.g. computer lab staff, library aide, research assistant, etc.):

Start Date:  Number of Hours/Week:

Department/Employer Contact Information:

Employer Identification Number (EIN): 59-1961248

Department/Employer Telephone Number:

Student's Immediate Supervisor:

Supervisor/Employer Signature (Original):

Signatory's Title:  Date:

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### For FSU Center for Global Engagement Use:

Endorsement by Designated School Official (DSO):

\_\_\_\_\_ is an F-1 student attending Florida State University. He/she is authorized to work on campus.

DSO:

Zhe Tan Edgerton

Kristen Hagen

Center for Global Engagement

Phone: 850-644-1702

Luca Lipparini

Tanya Schaad

Nathan Duddles

Email: [cge@fsu.edu](mailto:cge@fsu.edu)

Signature:

Date: